



PTO/SB/21 (04-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/734,719
Filing Date	December 11, 2003
First Named Inventor	Gilbert, Michel
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	019633-000117US

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### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TOC) 01/2004
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Notification of Error in Small Entity Status and Payment of Deficiency Owed Under 37 CFR 1.28(c)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	<b>Remarks</b>	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 51,868
Signature		9/20/04
Date		

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Aaron Hokamura		
Signature		Date	9/21/04

60310987 v1

09/28/2004 DALLEN 00000015 201430 10734719

01 FC:1461 600.00 DA

**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 600

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Fee from below	Fee Paid
			Extra Claims	X =

**Large Entity** **Small Entity**

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

**Complete if Known**

Application Number	10/734,719
Filing Date	December 11, 2003
First Named Inventor	Gilbert, Michel
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	019633-000117US

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**FEE CALCULATION (continued)**

3. ADDITIONAL FEES	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	1053 130	Non-English specification
1812 2,520	1812 2,520	For filing a request for reexamination
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251 110	2251 55	Extension for reply within first month
1252 420	2252 210	Extension for reply within second month
1253 950	2253 475	Extension for reply within third month
1254 1,480	2254 740	Extension for reply within fourth month
1255 2,010	2255 1,005	Extension for reply within fifth month
1401 330	2401 165	Notice of Appeal
1402 330	2402 165	Filing a brief in support of an appeal
1403 290	2403 145	Request for oral hearing
1451 1,510	1451 1,510	Petition to institute a public use proceeding
1452 110	2452 55	Petition to revive – unavoidable
1453 1,330	2453 665	Petition to revive – unintentional
1501 1,330	2501 665	Utility issue fee (or reissue)
1502 480	2502 240	Design issue fee
1503 640	2503 320	Plant issue fee
1460 130	1460 130	Petitions to the Commissioner
1807 50	1807 50	Petitions related to provisional applications
1806 180	1806 180	Submission of Information Disclosure Stmt
8021 40	8021 40	Recording each patent assignment per property (times number of properties)
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))
1801 770	2801 385	Request for Continued Examination (RCE)
1802 900	1802 900	Request for expedited examination of a design application
Other fee (specify) Deficiency payment for error in Small Entity status		600

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$600)

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Beth L. Kelly	Registration No. (Attorney/Agent)	51,868	Telephone	415-576-0200
Signature	<i>Beth L. Kelly</i>			Date	9/20/04

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SEP 2 4 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 600)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

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 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ )

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below		
Total Claims		Extra Claims	X	= Fee Paid
Independent Claims			X	=
Multiple Dependent		X		=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue Independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ )

\*or number previously paid, if greater; For Reissues, see above

## Complete if Known

Application Number	10/734,719
Filing Date	December 11, 2003
First Named Inventor	Gilbert, Michel
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	019633-00011705

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## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1053	130	Non-English specification	
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1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
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1252	420	Extension for reply within second month	
1253	950	Extension for reply within third month	
1254	1,480	Extension for reply within fourth month	
1255	2,010	Extension for reply within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive – unavoidable	
1453	1,330	Petition to revive – unintentional	
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1502	480	Design issue fee	
1503	640	Plant issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
1802	900	Request for expedited examination of a design application	
Other fee (specify) Deficiency payment for error in Small Entity status			600

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$600)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Beth L. Kelly	Registration No. (Attorney/Agent)	51,868	Telephone	415-576-0200
Signature	<i>Beth L. Kelly</i>			Date	9/20/04

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P.O. Box 1450  
Alexandria, VA 22313-1450

On 9/21/04

TOWNSEND and TOWNSEND and CREW LLP

By: Aaron Hokamura  
Aaron Hokamura

PATENT  
Docket No.: 019633-000117US  
Client Ref. No.: NRC00072.1

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

GILBERT and WAKARCHUK

Application No.: 10/734,719

Filed: December 11, 2003

For: NUCLEIC ACIDS ENCODING  
SIALYTRANSFERASES FROM C.  
JEJUNI

Examiner: Unassigned

Art Unit: Unassigned

NOTIFICATION OF ERROR IN SMALL  
ENTITY STATUS AND PAYMENT OF  
DEFICIENCY OWED UNDER 37 CFR  
§1.28(c)

Mail Stop Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The above-identified application filed on December 11, 2003, originally claimed small entity status in good faith. However, it has recently been discovered that such status as a small entity was established in error. The following submission and itemization are believed to meet the requirements of 37 C.F.R. Sections 1.28(c)(1) and (c)(2) and MPEP Section 509.03(X). Therefore, Applicants respectfully request the deficiency payment be processed and the correct entity status be accorded to the application.



GILBERT and WAKARCHUK  
Application No. 10/734,719  
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ITEMIZATION AND CALCULATION OF THE DEFICIENCY OWED

FILING DATE OF THE FEE	TYPE OF FEE	SMALL ENTITY FEE ACTUALLY PAID	(CURRENT) LARGE ENTITY FEE FOR ACTION	DEFICIENCY PAYMENT OWED
12/11/2003	Divisional Application Filing Fee	385	770	385
12/11/2003	Excess Claim Fee	215	430	215

**TOTAL DEFICIENCY PAYMENT OWED: \$600.00**

Applicants hereby authorize the Commissioner to deduct the total deficiency owed of \$600.00 from Deposit Account No. 20-1430. Please deduct any additional fees due from, or credit any overpayment to, the above-noted Deposit Account.

Applicants understand that under 37 CFR §1.28(d), this submission is treated under §1.27(g) (2) as a notification of loss of entitlement to small entity status.

If the Examiner believes a telephone conference would expedite prosecution of this application, he is invited to telephone the undersigned at 415.576.0200.

Respectfully submitted,

Beth L. Kelly  
Reg. No. 51,868

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